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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing **OR** ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number PU030200

First Named Inventor Clint Alan Ecoff, et al.

**COMPLETE IF KNOWN**

Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**APPARATUS AND METHOD FOR PROCESSING ANALOG AND DIGITAL  
SIGNALS FROM MULTIPLE SIGNAL SOURCES**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/487,213	7/14/2003	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>		OR <input type="checkbox"/> Correspondence address below	
<b>Name</b> JOSEPH S. TRIPOLI			
<b>Address</b> THOMSON LICENSING INC.			
<b>Address</b> PO Box 5312			
<b>City</b> PRINCETON		<b>State</b> NJ	<b>ZIP</b> 08543-5312
<b>Country</b> USA	<b>Telephone</b> (609-734-6823		<b>Fax</b> (609) 734 -6888
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> Clint Alan		<b>Family Name</b> ECOFF or Surname	
<b>Inventor's Signature</b> <i>Clint Alan Ecoff</i>		<b>Date</b> <i>7/22/04</i>	
<b>Residence: City</b> Indianapolis	<b>State</b> Indiana	<b>Country</b> US	<b>Citizenship</b> US
<b>Mailing Address</b>			
<b>Mailing Address</b> 5836 N. Rural Street			
<b>City</b> Indianapolis	<b>State</b> Indiana	<b>ZIP</b> 46220	<b>Country</b> US
<b>NAME OF SECOND INVENTOR:</b>		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> Gary Dean		<b>Family Name</b> GRUBBS or Surname	
<b>Inventor's Signature</b> <i>Gary Dean Grubbs</i>		<b>Date</b> <i>7/22/04</i>	
<b>Residence: City</b> Indianapolis	<b>State</b> Indiana	<b>Country</b> US	<b>Citizenship</b> US
<b>Mailing Address</b>			
<b>Mailing Address</b> 8554 Douglaston Court			
<b>City</b> Indianapolis	<b>State</b> Indiana	<b>ZIP</b> 46234	<b>Country</b> US
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 3**

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name (first and middle (if any))</b>		<b>Family Name or Surname</b>	
Daniel Mark		HUTCHINSON	
<b>Inventor's Signature</b> <i>x Daniel Mark Hutchinson</i>		<b>Date</b> 6-7-21-04	
<b>Residence: City</b> Carmel	<b>State</b> Indiana	<b>Country</b> US	<b>Citizenship</b> US
<b>Mailing Address</b>			
<b>Mailing Address</b> 13790 Laredo Drive			
<b>City</b> Carmel	<b>State</b> Indiana	<b>ZIP</b> 46032	<b>Country</b> US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name (first and middle (if any))</b>		<b>Family Name or Surname</b>	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
<b>Mailing Address</b>			
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Country</b>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name (first and middle (if any))</b>		<b>Family Name or Surname</b>	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
<b>Mailing Address</b>			
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Country</b>

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	
	Filing Date	
	First Named Inventor	Clint Alan Ecoff, et al.
	Title	Apparatus and Method for Processing Analog and Digital Signals from Multiple Signal Sources
	Art Unit	
	Examiner Name	
Attorney Docket Number		EL 962135373 US

I hereby appoint:

☒ Practitioners at Customer Number Customer Number 24498  
**OR**  
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:   
**OR**  
☐ The address associated with Customer Number:   
**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Joseph S. Tripoli, Patent Operations				
Address	THOMSON LICENSING INC.				
Address	P. O. BOX 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA				
Telephone	609-734-6834	Fax	609-734-6888		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	Kuniyuki Akiyama, Registration No.: 43,314				
Signature					
Date	Jan 11, 2006			Telephone	609-734-6801

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

**POWER OF ATTORNEY  
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We,

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F-92100 Boulogne-Billancourt  
France

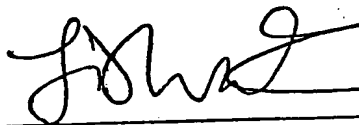
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Joseph S. Tripoli  
Senior Vice President  
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Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005

DATED this 7 day of July, in the year 2005.

Signature:  
Typed Name As Signed:  
Title:

  
\_\_\_\_\_  
Julian Waldron  
President

**POWER OF ATTORNEY  
THOMSON LICENSING**

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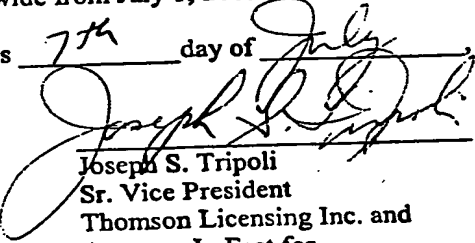
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DATED this 7<sup>th</sup> day of July, 2005.

SIGNED

  
Joseph S. Tripoli  
Sr. Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
THOMSON LICENSING

WITNESS

David Fournioti